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SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKETT NO.
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		DAIL EXAMINER INTERVIEW SUMMARY RECORD	MAILED:
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xhibit shown or demons	stration conducted: Ye	es No. If yes, brief description:	
Claims discussed:	discussed:		·
A fuller description, if ne itached. Also, where no itached is not necessary and the paragraph between the par	cessary, and a copy of the copy of the amendments by for applicant to provide low has been checked to CLUDE THE SUBSTANCE	turn from vocation be dayed to applying the be rees situated a	Aloca by state and a state of this form). If a response to the last Office
requirements that	at may be present in the la ements of the last Office a	above (including any attachments) reflects a complete resp ast Office action, and since the claims are now allowable, the action. Applicant is not relieved from providing a separate r	nis completed form is considered to fulfill the
TOL-413 (REV. 2 -93)		Examiner's Signature	